mortem the lung looked like a large balloon; a slight nick with the knife and the walls of the cyst

collapsed.

The treatment of the acquired cysts of the lung is nonsurgical, and symptomatic—that is, by restricted activities and attention to the general health. The hydatid form of cyst is rare in this country, and is almost always connected with liver echinococcus.

2208 West Third Street.

LUNG FLUKES*

Lt. Comdr. John Miller, M. C., U. S. N. R. Oakland

NHE lung fluke, or paragonomous Westermanni, is endemic in the South Pacific Islands. It has a complicated life cycle; but, human in section, is mostly crab or crayfish. Direct transfer of its section is possible. Differential diagnosis from other tropical diseases is necessary. There may be thoracic, abdominal, or granular symptoms.

Brown flecks in a very tenacious sputum is suggestive. The eggs are found in fresh unstained sputum. X-ray examination of the chest may well

be negative.

The lung fluke infection should be suspected in any patient from the South Pacific who has chronic bronchial disease; secondly, a peculiar type of chest pain, or thrombophlebitis.

The diagnosis is essentially a laboratory procedure and depends upon finding the typical egg under the microscope.

Oak Knoll Hospital.

WHAT IS HAPPENING TO THE YOUTH OF TODAY?†

C. Morley Sellery, M. D. Los Angeles

THE paradox of youth inspired to new heights of patriotism, willingness to serve, desire to attain skills which will best serve in our war effort, and youth neglected at home, breaking away from school to work at wages which they are too inexperienced to know how to spend prudently, seeking excitement and unhindered by any mature judgment or guidance, paints an alarming picture in the paper.

The breaking down of the home life, the inadequacy of health agencies because of lowered budgets and depleted personnel requirements, the increase of juvenile delinquency, are all brought

to the forefront of attention.

Youth will do its part in the war effort, says the author, but will adults do their part in keeping the good that has been in the world to help make this the kind of world the youth are struggling to build?

Chamber of Commerce Building.

WHAT IS HAPPENING TO THE YOUTH OF TODAY?*

C. F. Perrott Turlock

THE speaker made his discussion of the topic under four headings: Awareness of the interdependence of all countries of the world; suppression of social menaces; home teaching of basic moral truths; and adherence by adults to laws for spiritual growth. Youth will meet the problems presented to it by the war, said the speaker; they are patriotic, earnest and enthusiastic, but they still look to the adults for leadership. Like others discussing the subject, the speaker ends with a question: "How well are we adults doing?"

Turlock Union High School.

WHAT IS HAPPENING TO THE YOUTH OF TODAY?†

WALTER H. BROWN, M. D. Berkeley

FIND myself in complete agreement with the deep concern with reference to the signs of increased delinquency, inadequate provision for wholesome recreation and the apparent disintegration of family. Surely all of these are danger signals and demand action. They should result in social action.

However, in spite of all of the unavoidable tragedy of war, one can detect unmistakable signs that many youths are finding themselves with a purpose so high and holy that they are willing and eager to fight or even die for it. This has nothing to do with whether they are rich or poor, educated, or ignorant. It is the inherent soundness of the majority of youth who have grown up under our American way of life, many of whom are already proving their essential worth in every part of the globe.

It seems to me that our obligation, as adults, is the need to so live and act that we will be worthy of the sacrifices that youth is making in our behalf. University of California.

CHILDREN IN WAR WORKERS' HOMES!

ELIZABETH HALL San Francisco

THE paper discusses the basic needs of children, which are the same, war or no war: good health, security and opportunity for development.

It further discusses what California is doing to meet the basic needs of children. War has made meeting this need more difficult, and, according to

^{*}Synopsis of a paper read before the California Trudeau Society, Fresno, April 8, 1943.

The opinions and assertions contained herein are the private ones of the writer and are not to be used as official or reflecting the view of the Naval Department or the naval service at large.
†Synopsis of a paper read before the California Tuberculosis Association, Fresno, April 7, 1943.

^{*} Synopsis of a paper read before the California Tuberculosis Association, Fresno, April 8, 1943.
Copy of complete paper may be secured from the California Tuberculosis Association.
† From the University of California, Berkeley.
Synopsis of a paper read before the California Tuberculosis Association, Fresno, April 7, 1948.
† Synopsis of a paper read before the California Tuberculosis Association, Fresno, April 8, 1943.
Copy of the complete paper may be secured from the California Tuberculosis Association.

statements from heads of the official agencies responsible for the children of the State, the effort has not been successful.

The subject of housing, child care centers, recreation facilities, and public health facilities are discussed, with statements of facts as shown in official reports. Figures and facts from reports of the Children's Bureau, U.S. Public Health Service, U. S. Housing Authority and others are also quoted.

Particular reference is made to the subject of day-care of preschool children.

45 Second Street.

THE TREATMENT OF SYMPTOMLESS SURVEY **TUBERCULOSIS***

SIDNEY J. SHIPMAN, M. D. San Francisco

THE members of the panel agreed that x-ray surveys of the chest are extremely valuable in finding pulmonary abnormalities, many of which are tuberculous. Further study was necessary in most cases to establish the etiology of the lesion, and if it were tuberculosis, whether or not if be active.

It was apparent that all discussants were in complete agreement to the extent that survey cases deserve individual treatment after a more or less complete clinical check-up.

It was the consensus of opinion that many would require only periodic observation by some form of x-ray examination, particularly in the presence of symptoms, while others would need sanatorium care or compression therapy.

It was agreed that asymptomatic cases were perhaps the most difficult to judge, and that the observation period in these cases might require several months. The point emphasized by each discussant was that perhaps the majority need not have their lives or their work too drastically altered, but that some modification of their mode of living might be sufficient to enable them to maintain health and well-being and make them safe members of the community.

490 Post Street.

HEALTH EDUCATION IN THE SCHOOL SYSTEM[†]

JOSEPH BURTON VASCHE Modesto

INDER ten headings, the speaker covered the theory and practice of health teaching in the schools. Under ten other headings he covered the health education activities which might be carried on coöperatively by schools and the Tuberculosis Association or other health agency.

Howson, Los Angeles.

† Synopsis of a paper read before the California Tuberculosis Association, Fresno, April 8, 1943.

Copy of the complete paper may be secured from the California Tuberculosis Association.

These twenty points were documented, to show actual health education programs now under way, with items of the programs and how they are administered.

Stanislaus County Schools.

HEALTH EDUCATION IN INDUSTRY*

BERNICE FRANKENHEIMER Stockton

THE speaker related how the local Tuberculosis Association had arranged for and carried on a health education project among industries. The manner of making initial contacts, with management and labor leaders, materials used, and ways of approach, were used to illustrate the theory that Tuberculosis Associations have a definite place in industrial health programs.

130 South American Street.

HEALTH EDUCATION OF THE COMMUNITY AT LARGE[†]

MABEL MORRISON Ukiah

THE speaker reviewed the procedure used in educating people in Mendocino County to the need of surveys to find tuberculosis. The originating of the plan, the publicity, the materials for use in the surveys, and the results of the campaign, were outlined.

624 South State Street.

State Bureau Chief Talks on Plans and Problems .-A plan for x-raying the chests of all inmates and employees of State penal and charitable institutions was outlined by Dr. Edward J. Kupka, Director of the Bureau of Tuberculosis of the State Department of Public Health. at the recent meetings of the Tuberculosis Association secretaries held in Los Angeles and San Francisco.

"There are between 30,000 and 40,000 inmates and approximately 10,000 employees in these twenty-one institutions," Doctor Kupka said. "In one ward of an institution in which patients were x-rayed, one patient in seven was found to have tuberculosis. While this percentage probably will not hold when all patients are examined, it definitely proves that a great deal of tuberculosis exists in these institutions."

"The State tuberculosis control office has existed for more that twenty-five years, and in the early days the Department worked hard encouraging the building of sanatoria. Today extra beds are needed in only a few places in California. The Department also inaugurated case-finding and was the first organization in the State to examine apparently healthy people for tuberculosis. This function has been taken over by the local agencies, as it should be.

"The Bureau of Tuberculosis is not an operating agency," Doctor Kupka declared. "The work of health education of the public needs the services of experts in that field, and we look to the voluntary agencies to carry on this work although the State will continue to do some educational work among physicians.

^{*} Synopsis of a paper read before the California Trudeau Society, Fresno, April 7, 1943. Panel Discussion: John B. Barnwell, Ann Arbor, Michigan; Philip H. Pierson, San Francisco; Howard W. Bosworth, Los Angeles; and Carl R.

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